

Economic Recovery Advisory Board
Public Health and Healthcare Workgroup
SUPPORTING UNIQUE NEEDS OF EVERY IOWAN
Meeting Notes
July 23, 2020

9:00 a.m. Introductions

Brooke Lovelace welcomed the group and thanked all who joined the call. Brooke introduced the workgroup members:

- **Brooke Lovelace**
- **Anne Gruenwald**
- **Samantha Cannon** – Community Health Center of Southern Iowa
- **Linda Miller** – Department of Aging (Angela Van Pelt representing)
- **Linda Shide** – Food Bank of Siouxland

Brooke gave an overview of the discussion topic for this call as Supporting Unique Needs of Every Iowan (Individuals with Physical, Developmental or Intellectual Disabilities, Behavioral Health Needs, Aging Populations, Racial Disparity and Disproportionality, Justice Involved Individuals and Former Foster Care Youth.). Today we want to focus the conversation around:

1. Continuity of care for children (school closure and child care capacity).
2. Continuity of care supports for adults.

GROUP CONVERSATION

Brooke asked the group for suggestions on moving forward with these populations.

Diana Findely from Iowa Caregivers - greatest concerns are with the direct care workforce who are working without breaks. They have heard that there are concerns about shortages of PPE in care facilities for direct support professionals and child care providers. Schools being closed has made this a bigger impact. Nervous about the fall, suspect people will have a need for more child care. Stories of minority populations working in facilities (racial issues) referred to in derogatory terms, stories are not being heard. They won't be told unless you can provide anonymity.

Anne Gruenwald shared that additional challenges are housing instability, increased evictions and food insecurity.

Danielle from Washington County Public Health said that they are trying to figure out how to help populations that need to quarantine. There are folks who have dementia who are living alone, don't remember that they have COVID, can't go into long term because they have Covid. There's no way to make that person stay home. She reiterated challenges with meat packing plants. There is a lot of fear surrounding job loss, people are going to work sick because they fear losing their jobs. There is also fear of deportation. We have sick migrant workers without phone numbers, and no translation services. As it stands, the system isn't working for everyone. Iowans should be able to quarantine without risk to their livelihood (being able to feed kids, etc.). More help has been given to businesses than people. Don't have enough PPE for long term care - people at the end of their lives and should be able to see their

family. It's unacceptable that this far into the pandemic, we should have some of this more straightened out.

Sam Jarvis from Johnson County Public Health said that the meat packing plants staying open was not good. He's heard that people are worried about placing their family in long term care because they think they won't see them again because of the Covid restrictions.

Carol Cross is a DD Council member and a mom of 20 year old daughter who has physical disabilities, appreciate the support, policies and everything you do for our families. Coming in with comments from various families around Iowa. Biggest concern from parents of school age children - worried about IEPs being completely put aside. It's important that we can find a way to creatively address the concerns regarding IEPs. Something that needs to be talked about, our special needs kids are going to fall through the cracks very quickly, especially if schools go online. Many of our kids are at high risk for COVID. Feel like we have to isolate because of our children. Tele-medicine needs to expand and be a part of our new life because people are concerned about bringing their high risk kids to a doctor's office. Tele-medicine is really important and should be expanded and explored for vulnerable and high risk populations. Support for caregivers – mentally difficult during this time, mental health is being effected. We need to find a way to give more support to caregivers of family members that have disabilities. We want to make it a healthy situation for everyone involved.

Sarah Dixon with Primary Care agreed with concerns that have been raised. Wanted to add that they track social determinants of health. Data captured health/dental/medical insurance, paying for health care, these are challenges for people. Health centers are serving a much more diverse population, seen the same phenomenon with Latinx population. We see a real need for ongoing education that is accessible for everyone, need a central place to keep that up to date. See a need for ongoing education for 8th grade or less, need communication for languages and other barriers. Homeless, lang barriers, have information about best choices. People are delaying care because they don't know what to do. Simple language about best practices.

Samantha Cannon asked if are there existing systems or if something new is needed.

Sarah Dixon said that there is a lot of opportunity to streamline and make more efficient if it was a state level initiative, maybe a team that is responsible to keep that up to date or pull together stakeholders to keep that up to date. We need good patient education tools and resources. As guidance changes we need to keep looking at that, it's not a one-and-done thing, keeps changing. How do we use the best and brightest in our state to do that so it benefits everybody?

Jane Hudson with Disability Rights Iowa said that it's great that the state is putting out numbers in nursing facilities, but it's not enough. We need data from schools and other care facilities, especially facilities with disability population. Need to know which schools have positive cases. Insisting that the state provide information to the public about where the cases are in other facilities besides nursing homes. Assisted living, intermediate care, schools, etc.

Lina Tucker Reinders from Iowa Public Health wants to know how we can access this information. People need to know who has covid. Protecting staff and children. Masks - we don't have a statewide mandate. Short of this, local control is necessary, let cities and counties do this on their own. There may be legitimate reasons why people can't wear a mask - not looking for perfection, but what is most reasonable to have the best outcomes for the most people.

Roxanne Cogil Epilepsy Foundation of Iowa said that telehealth has been good. High benefit for access to care, throughout covid and after. 504/IEP school nurses - we don't have enough. They need extra support and more funding for dealing with kids who have special needs. . Important to continue those visits. To consider – facilities aren't getting that fee reimbursed, a lot of our populations that have active seizures cannot drive, so this has been a huge benefit for access to care. Children with epilepsy, many have healthcare plans which can be part of a 504 or IEP, but there is a huge shortage of nurses. Brunt of healthcare is squared away on their shoulders. Funding for healthcare needs in the schools setting. A lot of these children that have these disabilities and chronic diseases may need extra supports in order to return to school.

Shannon Grundmeier, who has a child with special needs and is at risk for covid wanted to know if it's better to keep him home or send him to school to receive special ed that he gets at school. What's the guidance for us? Really critical to have support. Aren't on a waiver - many of us don't have respite for caregivers, not all families have the option of working from home. What's the guidance from the state?

Sam Jarvis wondered if schools aren't given a waiver, will they be able to test, and how would that work? Many parents can't get them to the doctor, school might be the best place to get them tested. If open to all district, it could pull on the capacity of testing for the entire state. Only so many tests can be run a day. Need to know state's max testing capacity. Early on there were lots of lags and delays. That's a concern as well.

Danielle Pettit Majewski from Washington County shared concerned about Amish communities and their access for testing. Concerned about testing criteria for kids who may not show symptoms, they need to get tested to prohibit spread.

Diana Findley said she would like to see hazard pay for direct care workers. Need to be assured that if they have covid related illness that it would be covered. They need to be informed if there is a positive case of Covid. Need to have info before it's defined as an outbreak.

Kevin Greimes shared that word travels fast and he has had to make calls to local law enforcement because they were being hassled even after they completed their isolation requirement. Safety on behalf of the student that will test positive. Are schools going to be able to flip to a virtual environment within 24 hours? SEL (social/emotional learning) type things to be considered. Struggling with the fact that we need to figure out community communication, lessons learned. Worried about that unvaccinated population. Other threats that are out there, there are requirements for nurse to students ratios, not sure if all schools are in compliance with that. School nurses will take a primary role. Believe that's been an ignored ratio. We need a better preventative system that exists across the spectrum. Pertinent to the audience we are talking about today.

Sarah Dixon said thinking about kids that don't have health conditions that make them higher risk. Can they think about the risk of students and prioritize those that are higher risk? Do some of those concepts carry over?

Tim Richmond, Wapello County there are issues with language barrier, deaf, we have learned a lot about translation, we need a common set of resources for education and share best practices to communicate.

Edward Esbeck said that coming from a different country, it can be difficult to understand the information given to them. How can I use that information to help the population that either have communication barrier or can't understand the information? As an immigrant, I think about how my

language barrier can affect the people who are around me. Because of that situation, for people who are communicating verbally, they may not understand that information. I think that is the biggest concern.

Delaine Peterson from the Arc of Iowa board said that they represent intellectual and developmental disabilities – transparency is a concern. Strong focus on opening business, if Hy-Vee is going to start handing out masks, perhaps can work with those businesses to provide flyers with those masks. We are in many different silos right now, one group against another. Seems that we should be working harder together. What can we do from the public health sector to have business help us even more?

Tim said that they did a flier at the local level. Suggested that the Iowa Grocers Association would be a good partner for statewide messaging. We need to support local public health. What resonates with people are their local officials. Share out that federal and state messaging, but local public health needs more resources.

Danielle Petit said that it seems like there is a public willingness to justify the deaths of over the age of 65. The language needs to say we are all at risk. The older population needs to be protected, prioritize their lives as much as young children, etc. Shouldn't be comfortable with that loss.

Lina Tucker Reinders said that we should be talking about a range of morbidity. While many recover, we know there are people who have long term lasting impacts a wide range of implications, which could lead to long term disability. Let's not forget that impact.

Kim Dorn from Marion County said she heard long term care administrators talked about the behavioral impacts of folks who are not able to get out and see their families. It's been a long time since the end of February. Heard stories from admins, calls from family members because they can't visit their loved ones, especially if their loved one has dementia, no visits are very confusing to them. Something we need to be thinking about – there is a mental health impact for those folks in long term care as well.

Sarah Dixon shared that virtual care, hugely in support of telehealth, behavioral health visits have improved for them as well as incarcerated folks. Very concerned about what's happening with the pop that we serve, we need flexibility to stay in place to provide support for impacted individuals.

Anne Gruenwald shared seeing rise in violence as we see rise in COVID (foster care, etc),

Danielle Petit said that she thinks Covid has shown a light on things that are already in existence. If food insecurity and abuse are such a problem and school is the answer, why is the funding so bad? Systems aren't working the way they should, get to solutions, not band aid. If we are thinking about mental health and abuse, we need to think about this not in the middle of Covid.

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Robert from Waterloo has been out of work for months. My case worker told me I could start, but I'm worried about getting COVID when working at Hy-Vee. People need to slow down and be able to take their time working on getting COVID 19 over with.

Edward Esbeck said there are some people who aren't working for fear of getting Covid and some people who are working, understanding that it's a risk. We need more information on what we need to do. Especially with school opening up.

Kelsey McVey says she hasn't worked for 2.5 months, has to wear a mask, can't go to the store, not able to dine out as much. Doing more sanitizing hands. COVID has given her anxiety but she's coping by spending time with friends and family.

Wapello County Public Health said that supervised living staff are bringing disease into these homes. Can't have risky behavior. We need to get the messaging out that going to out to bars, trips, affects people you care for, it can kill them. We have had 31 deaths and they died alone, it matters. They can't see their family.

Shannon G, a parent from Story County said that there fear about college students coming back to Ames and what they will do outside of class that we can't control. Need for local control, definitely different needs in different counties.

Robert from Waterloo asked if it was too early to open Iowa. I know people want to get out to normal life, but people are going to die, and people are going to give it to others.

Linda shared that Covid has put a lot of disparities in the spotlight. In the world of food banking, there was a hunger problem and food insecurity problem, covid has escalated all of that. Are people finding access? Any services needed now that weren't there before? Where are the intersections and your perspectives with food insecurity challenge?

Edward Esbeck said that we need more attention for those that struggle with mental health. What can we do in those situations?

Sarah Dixon shared concerns about when people have to quarantine, they need services that can be delivered, trying to scramble to digitize delivery of medication and food. Issues arise with language. Alternative ways to deliver food and meds to people who have to quarantine or are sick.

Diana Findley said we know that nothing defines essential quite like a pandemic. Shed a light on a lot of inequities that have existed for a long time. Direct care works rely on SNAP benefits. If these are essential workers, they should not be food insecure.

Danielle Pettit shared that migrant workers often don't have a community support network. If they have a lot of non-family members living in their household, those might be the only people they know in their community. Not sure what that looks like statewide.

Anne Gruenwald said connectivity for those that are not living at home. Gap for those that are trying to seek work, wonder if there are ideas that people on this zoom have for making sure that the unique needs of Iowans really uplift ways to make sure there is equity in devise or the internet. Example: foster care, juvie justice system haven't seen families upwards of four months, makes additional challenges with keeping up with online learning. In addition to those that will be aging out, continues to create further disparities.

Sarah Dixon said from health care standpoint, we don't have a handle on what the connectivity issues are. We have extended Wi-Fi to parking lots so that folks don't have to come in the building. Making

sure that people can stay connected to their services. We would be in favor of digging in to find the disparity.

Lisa Yunek from Mason City has a daughter is 26 year old daughter who lives alone, has Down Syndrome and uses Consumer Choice option, seeing people that work with her needing to quarantine. There's a problem with getting employees or having backups. Brings up a shortage, what the training is, need to beef up the workforce.

Matt Highland shared that all of these recs/comments will be taken back to workgroup, and will come forward with recommendations. Attend as many as you'd like. Shared email for further comments. Number of things that require more work or effort, but there are quick things that we can implement ASAP, but also there are larger scale projects.

Brooke said that we appreciate the turn out on the call and we are working on a quick turn-around.

Workgroup Leadership: *Randy Edeker, Suresh Gunasekaran, Kelly Garcia*

Workgroup Members: Kristin Williams, Jorge Salinas, MD, Anne Gruenewald, Brooke Lovelace, Laura Jackson, Samantha Cannon, Matt Wenzel, Michelle Krefft, Lastascia Coleman, Linda Scheid, Lindee Thomas, Robb Gardner, Dr. Pedati (ex-officio), Linda Miller (ex-officio).